

## Cluster Area CIV: Early Intervention Services in Natural Environments (CE)

**Question:** Are early intervention services provided in natural environments meeting the unique needs of eligible infants and toddlers and their families?

**Probes:**

- CE.I Do all families have access to a Service Coordinator that facilitates ongoing, timely early intervention services in natural environments?
- CE.II Does the timely evaluation and assessment of child and family needs lead to identification of all child needs, and the family needs related to enhancing the development of the child?
- CE.III Do IFSPs include all the services necessary to meet the identified needs of the child and family? Are all the services identified on IFSPs provided?
- CE.IV Are children receiving services primarily in natural environments? If not, do children have IFSPs that justify why services are not provided in natural environments?
- CE.V What percentage of children, participating in the Part C program, demonstrates improved and sustained functional abilities? (Cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development.)

**State Goals (for reporting period July 1, 2003 through June 30, 2004):**

- The percentage of children served by First Steps providers in natural environments will increase
- The number of First Steps families who participate in other existing community resources will increase
- The performance of children who receive First Steps early intervention services will increase on the School Entry Profile

**Performance Indicators (for reporting period July 1, 2003 through June 30, 2004):**

- CE.I All families have access to a Service Coordinator that facilitates ongoing, timely early intervention services in natural environments.
- CE.II The timely evaluation and assessment of child and family needs lead to identification of all child needs, and the family needs related to enhancing the development of the child.
- CE.III IFSPs include all the services necessary to meet the identified needs of the child and family. All the services identified on IFSPs are provided.
- CE.IV If children are not receiving services primarily in natural environments, these children have IFSPs that justify why services are not provided in natural environments.
- CE.V Children, participating in the Part C program, demonstrate improved and sustained functional abilities. (Cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development.)

**CE.I All families have access to a Service Coordinator that facilitates ongoing, timely early intervention services in natural environments.****1. Baseline/Trend Data and Analysis (for reporting period July 1, 2003 through June 30, 2004):**

In Missouri, intake coordinators provide service coordination to every family from referral through the development of the initial IFSP. Intake coordinators are employed by System Points of Entry (SPOEs) that cover regions of the state, made up of one or more counties. Service coordination responsibilities are then transferred to an ongoing service coordinator after the initial IFSP meeting. Since July 2004, in Phase 1 SPOEs, ongoing service coordinators are also employed by the SPOEs or are service coordinators for the Department of Mental Health (DMH). In Phase 2, the ongoing service coordinators are either independent or are service coordinators for DMH.

The 2002-03 APR indicated that there were 25 children without a service coordinator or an authorization for service coordination in the data system. These were found to be data entry omissions, and SPOEs have been contacted to update service coordinator data as needed. There is no indication that there are currently any children who do not have a service coordinator.

In defining Missouri's system of general supervision, the following service coordination requirements, indicators and mechanisms for monitoring were outlined:

Federal Regulations Require:

- Assist parents of eligible children in gaining access to the early intervention (EI) services and other services identified in the IFSP.
- Coordinate the provision of EI services and other services (such as medical services for other than diagnostic and evaluation purposes) that the child needs or is being provided.
- Facilitate the timely delivery of available services
- Seek the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility.

## Specific service coordination activities listed in Regulations:

- Coordinate the performance of evaluations and assessments
- Facilitate and participate in the development, review, and evaluation of IFSPs
- Assist families in identifying available service providers
- Coordinate and monitor the delivery of available services
- Inform families of the availability of advocacy services
- Coordinate with medical and health providers
- Facilitate the development of a transition plan to preschool services, if appropriate

Compliance indicators related to ongoing Service Coordinators:

- Parental consent for exchange of personally identifiable information
- Prior written notice and consent
- Written notification of IFSP meetings
- IFSP content
- Transition planning
- Timely IFSP meetings

Mechanisms in place for Service Coordinator monitoring/oversight:

- In place during 2003-04
  - Child complaint and due process system
  - Credential requirements for enrollment
  - Parent survey
  - Provider agreements require adherence to state and federal statute and regulations
- Implemented during 2004-05
  - Informal issues system – including billing complaints
  - New SPOE contracts include additional responsibilities for ongoing service coordination, including standards for quality IFSPs
  - Regularly scheduled reviews of pertinent data reports
  - Monitor compliance indicators for Intake as well as ongoing Service Coordinators (SPOE and DMH) in February/March 2005 (in Phase 1, Regions 2 and 4) and in summer 2005 (in Region 1). Independent and DMH ongoing service coordinators will be monitored in conjunction with Phase 2 follow-up monitoring in summer 2005. Corrective actions for non-compliance will be required.
  - SPOEs are required to report reasons for exceeding 45 day timelines on a monthly basis. First Steps Regional Consultants and on-site monitoring visits are verifying the accuracy of these reports and ensuring the provision of compensatory services as appropriate.
- To be implemented during 2005-06
  - New webSPOE will keep service coordinators and SPOE administrators aware of upcoming timelines and meeting due dates, as well as documentation of consents
  - IFSP Quality Indicators Review – pilot for Phase 1 SPOEs will address service coordination expectations that fall under quality measures as opposed to compliance indicators

**From April 2004 First Steps Family Survey**

Q5: It was easy to learn about First Steps, to find out if my child was eligible for services, and to obtain the early intervention services that are needed for my child and family.

	#	%	State Total	by SPOE: St. Louis (Reg. #2)	by SPOE: SE MO (Reg. #7, 21, 23)	All Other SPOEs
Strongly Agree	455	33.07%	83.07%	75.71%	80.00%	86.00%
Agree	688	50.00%				
Disagree	170	12.35%	16.93%	24.29%	20.00%	14.00%
Strongly Disagree	63	4.58%				
Total	1376			N=354	N=65	N=957

Q11: Our family routinely uses the help of our service coordinator.

	#	%	State Total	by SPOE: Jeff. City (Reg. #16)	by SPOE: St. Joseph (Reg. #5)	by SPOE: Sedalia (Reg. #10)	by SPOE: St. Louis (Reg. #2)	By SPOE: St. Charles (Reg. #1)	All Other SPOEs
Strongly Agree	306	23.78%	74.67%	63.33%	67.65%	68.00%	70.78%	73.55%	77.58%
Agree	655	50.89%							
Disagree	275	21.37%	25.33%	36.67%	32.35%	32.00%	29.22%	26.45%	22.42%
Strongly Disagree	51	3.96%							
Total	1287			N=30	N=34	N=25	N=332	N=121	N=745

Q12: Our service coordinator helps my family, in a timely way, get the services we need.

	#	%	State Total	by SPOE: S. Cen MO (Reg. #18,22)	by SPOE: St. Joseph (Reg. #5)	All Other SPOEs
Strongly Agree	576	44.00%	90.45%	83.33%	85.29%	90.66%
Agree	608	46.45%				
Disagree	91	6.95%	9.55%	16.67%	14.71%	9.34%
Strongly Disagree	34	2.60%				
Total	1309			N=12	N=34	N=1263

The largest number of surveys indicating disagreement for Question 11: "Our family routinely uses the help of our service coordinator," were seen in the St. Louis and St. Charles SPOE regions. Both of these SPOEs are now under a new contract which makes the SPOE responsible for intake and ongoing service coordination. Preliminary results of the new contract indicate that service coordination is more consistent under this new contract.

### Child Complaints

Of the eleven child complaints filed during 2003-04, there were seven allegations found out of compliance. Three involved the SPOEs not meeting the 45 day timelines for evaluation and the initial IFSP meeting. All of these were from the St. Louis SPOE which has since been awarded to a new contractor. Three allegations involved failure to implement the IFSP and one involved not meeting transition requirements.

### Future Plans for Data Collection

- Informal issues collection
- webSPOE system will enforce timelines for evaluation and six month and annual reviews
- Data from monitoring of service coordinators beginning February/March 2005

**2. Targets (for reporting period July 1, 2003 through June 30, 2004):**

- All families have access to a Service Coordinator that facilitates ongoing, timely early intervention services in natural environments.

**3. Explanation of Progress or Slippage (for reporting period July 1, 2003 through June 30, 2004):**

The new Phase 1 SPOE contract, implemented July 2004, significantly impacts the role of service coordinators in the First Steps system. The function of independent service coordination was pulled in under the SPOEs in Phase 1, essentially making the SPOEs responsible for all aspects of the system. The new web-based software which will be implemented in Summer 2005 is very compliance-driven and will require certain actions to be taken and certain forms to be completed. The majority of evaluation/assessment, eligibility determination and IFSP data will be instantly available to DESE for monitoring and program evaluation purposes.

DESE is holding quarterly meetings with SPOE directors and staff to discuss issues. The Phase 1 SPOEs are holding meetings for SPOE and DMH service coordinators in their regions. First Steps consultants are holding provider and service coordinator meetings. A listserv is utilized to communicate with service coordinators and providers on a regular and as-needed basis

See below for a summary of independent service coordination issues that are addressed by the new Phase 1 SPOE contract.

**Independent Service Coordination Issues Addressed by Phase 1 SPOE RFP implemented July 2004**

<b>Concerns with Original Implementation:</b>	<b>Changes in Contract for Phase 1 SPOEs (In place July 2004):</b>	<b>Results of New Contract</b>
1. Lack of supervision and accountability	Establishes an employer/employee relationship between the SPOE and the service coordinators. This relationship allows for the necessary oversight of their work (i.e., timely completion of required paperwork) and creates accountability for expected job performance.	SPOEs say that it has been very successful to have the service coordinators employed with the SPOE. Consistency among SPOE service coordinators is a major benefit. Oversight and accountability of the employed service coordinators has greatly increased. There is enhanced reporting to the State of timely work with families and corrective actions for non-compliance issues are spread to all service coordinators immediately
2. Lack of support – no place to obtain support when challenged by parents or providers to include services in the IFSP that the service coordinator believed to be inappropriate for First Steps	By placing the service coordinators under the direct supervision of the SPOE, they will have a network of support to assist them as they explain the First Steps program requirements and limitations to parents and providers.	SPOEs say that it has been helpful for the service coordinators to have administration and a team approach to service coordination in place for support when explaining First Steps philosophy. Consistent teaming support at SPOE yields consistency with families as well as fiscal responsibility. Peer reviewers provide oversight of professional opinion for services and the FS philosophy is emphasized and enhanced with providers.

<b>Concerns with Original Implementation:</b>	<b>Changes in Contract for Phase 1 SPOEs (In place July 2004):</b>	<b>Results of New Contract</b>
3. Lack of consistency across the state	SPOEs directing the process from referral to exiting First Steps at age three will provide a consistent compliant approach to the program. The lead agency will have the ability to provide hands-on assistance and supervision to the SPOEs, resulting in more direct control of the administration aspects of the program.	Technical assistance provided by DESE and First Steps consultants now impacts both intake and ongoing service coordinators for the entire region. SPOEs feel that a support system has been put in place for SPOEs, providers and families. Consistency is crucial in providing this program across the state. Consultants facilitate SPOE consistency with State requirements across regions.
4. Authorizations for services not entered in a timely manner in order for providers to begin services and bill for those services.	SPOE supervision of service coordination will eliminate this concern for SPOE supervised service coordinators. All authorizations for this group of service coordinators will be generated at the SPOE and entered at the SPOE. This leaves only DMH service coordinators for the SPOE to track regarding authorizations entered, however, with the new webSPOE software, the DMH service coordinators will be responsible for the data entry for the authorizations rather than having to send paperwork to the SPOEs for data entry.	Paperwork is expected and turned into the SPOE in a timely manner from SPOE employees. This has greatly decreased the amount of frustrated providers as their authorizations have been entered in a timely manner. Staffing patterns in regions have enabled timely service delivery and data entry for SPOE and DMH service coordinators.
5. SPOE offices have difficulty obtaining the necessary paper documentation required for the child's file.	All paperwork will take place within the SPOE operation and eliminate the need to track a group of independent service coordinators across the region. DMH will be the only outside source for the necessary documents.	Paperwork is expected and turned into the SPOE in a timely manner from SPOE employees. Increased collaboration with DMH has enabled compliant documentation of service delivery.
6. Failure to complete required training	Completion of required training by service coordinators will be easier to monitor with the employee relationship that the new RFP provides. Training is a critical component for consistency and compliance within the system. Tracking and enforcing training requirements has been difficult to manage under the current system. Modifications at the CFO will provide this tracking.	SPOE employees must have all the required training modules prior to being hired. Peer reviewers were required to have all training completed prior to application to be on peer review teams in Region 1. In addition, training is occurring on a regular basis for SPOE employees by SPOE administration. Future training will continue to be provided by the SPOE as well as DESE and the First Steps Regional Consultants.

<b>Concerns with Original Implementation:</b>	<b>Changes in Contract for Phase 1 SPOEs (In place July 2004):</b>	<b>Results of New Contract</b>
7. Costs of service coordination – current system inefficient and lacks control of expenses	Cost for this service will be absorbed in the salary of the employed staff at the SPOE. This will eliminate flat rate charges to the system per child each month regardless of the amount of work completed by the service coordinator for that child/family during that month. It will also create uniform caseloads for service coordinators that will enable more consistent service delivery to the families. Under the current system, service coordinators have the incentive to develop large caseloads in order to increase their income but the system provides no checks to ensure that services to families meet the expectation of the program.	SPOE service coordinators are able to keep their caseloads at a reasonable level. SPOE employees are providing 60% of service coordination and the regional centers are providing approximately 40% of services. Children who appear to have potential life-long needs are being referred to the regional center since they may continue service coordination past three. Efficiencies are being seen due to better consistency in screening calls and accepting appropriate referrals. AT oversight and guidance have reduced costs and inappropriate services.

Based on all of the above information, DESE believes that

- Indicators of effective service coordination have been identified for monitoring purposes
- Mechanisms for monitoring/oversight of service coordination have been in place for some time, and additional pieces will be in place by the end of 2004-05
- The new Phase 1 SPOE contract makes many improvements in service coordination compared to the original independent system
- Regular communications between and among DESE, DMH, SPOEs, service coordinators and providers is improving the system
- While some personnel and indicators will be out of compliance, DESE has a system of general supervision that will identify and correct noncompliance

#### **4. Projected Targets:**

- All families have a Service Coordinator
- At least 90% of families will agree/strongly agree with survey questions regarding service coordination
- A system for monitoring ongoing service coordinators will be implemented in Spring 2005
- Additional projected targets are in the Future Activities tables.

**5 & 6. Future Activities to Achieve Projected Targets/Results and Projected Timelines and Resources:**

See also GS.I and CBT

<b>Cluster/ Probe</b>	<b>Future Activities to Achieve Projected Targets (5)</b>	<b>Projected Targets/ Evidence of Change (4)</b>	<b>Projected Timelines (6)</b>	<b>Resources (6)</b>
CE.I CE.II CE.III CE.IV	Revise service coordination module	Service coordination activities in compliance	2004-05	EP
CE.I CE.II CE.IV	Develop and distribute guidance documents: Group vs. individual services, Eligibility, Release of Information	Service coordination activities in compliance	2004-05	EP, Funds, Comp, Consultants
CE.I	Develop service coordinator and provider surveys to assess training and technical assistance provided by DESE	Revisions made as necessary	2004-05	EP, Comp, Data
CE.I GS.I GS.II	Review data reports regarding service coordination responsibilities	Service Coordination activities in compliance, timely evaluation/ assessment and IFSP services	Ongoing	Comp, EP, Data, Consultants
CE.I	Finalize and implement system for monitoring service coordination	Service coordination monitored, noncompliance identified and corrected	Ongoing	Comp, Data
CE.I	Finalize new webSPOE system	webSPOE completed, all service coordinators trained in use	Spring/Summer 2005	CFO, Comp, Data, Funds



**CE.II The timely evaluation and assessment of child and family needs lead to identification of all child needs, and the family needs related to enhancing the development of the child.**

**1. Baseline/Trend Data and Analysis (for reporting period July 1, 2003 through June 30, 2004):**

**Referrals Exceeding 45 Days in Referral (7/1/2003 to 6/30/2004)**

SPOE Region	2003-04 Referrals	Over 45 Days	% (2003-04)	% (2002-03)	Change
St. Louis (Region 2)	1,360	956	70.29%	62.34%	+7.95%
St. Charles (Region 1)	752	46	6.12%	27.23%	-21.11%
Other Phase 1 SPOEs (Regions 4, 5, 6)	461	63	13.67%	26.73%	-13.06%
Kansas City (Region 9)	722	133	18.42%	23.85%	-5.43%
Springfield (Region 13)	335	131	39.10%	39.09%	+0.01%
Jefferson County (Region 3)	285	103	36.14%	43.80%	-7.66%
Other Phase 2 SPOEs	2,083	513	24.63%	29.36%	-4.73%
Grand Total	5,998	1,945	32.43%	44.10%	-11.67%

Source: 1/7/05 superSPOE

**Referrals Exceeding 45 Days in Referral (7/1/2004 to 12/31/2004) for New Phase 1 SPOEs**

New Phase 1 SPOE Region	Referrals	Over 45 Days	Percent Over 45 Days
St. Louis County (Region 2)	436	68	15.6%
Greater St. Louis (Region 1)	367	54	14.7%
Northwest (Region 4)	189	12	6.3%
Phase 2 Total	1,476	244	16.5%

Source: 2/22/05 superSPOE

In general, the number of referrals exceeding 45 day timelines has been decreasing. One exception was the old St. Louis SPOE which saw a large increase in referrals over timelines. That SPOE was awarded to a new contractor as of July 2004 and the percent of referrals over 45 days has been reduced dramatically. There are still many referrals exceeding timelines, but results are better in the Phase 1 SPOEs under the new contract which includes all service coordination and peer review teams for IFSP development. In addition, the following table shows SPOE-reported reasons for exceeding timelines and it appears that many are due to family/child delays rather than system delays which is permissible under the state and federal regulations.

**Reporting on Reasons for Exceeding 45-Day Timelines**

Beginning in winter 2005, SPOEs began to report reasons for exceeding 45 day timelines to the Division. SPOEs are to use the following reasons to report the data on a monthly basis:

- Delay due to **SPOE** action – to be used when the delay is due to SPOE actions – i.e. the SPOE does not assign an Intake Coordinator in a timely fashion or Intake Coordinator does not attempt to contact the family in a timely fashion; Intake Coordinator does not return calls from the parent in a timely fashion; Intake Coordinator does not assist with scheduling evaluations/assessments in order to make sure the timelines are

met; Intake Coordinator has received all necessary data but does not complete the eligibility determination or schedule the IFSP in a timely fashion.

- b. Delay due to **parent /child reasons** – to be used when the delay is due to family or child reasons - i.e. The child's evaluation is delayed because of illness or hospitalization; SPOE makes frequent attempts to contact the parent, but parent does not respond or parent responds to the SPOE but not in a timely fashion; parent reschedules evaluations or IFSP meetings for family or child reasons. This is the only acceptable reason under the regulations for exceeding the 45 day timelines.
- c. Delay due to **provider** action – to be used when the delay is due to provider actions – i.e. Delayed evaluations or delivery of evaluation reports
- d. Delay due to **provider unavailability** – to be used when the delay is due to the lack of providers available for evaluation purposes

#### Preliminary 45 Day Reasons Reporting (as of 2/1/2005)

SPOE	Delay due to SPOE action	Delay due to parent/ child reasons	Delay due to provider action	Delay due to provider unavailability	Other (data errors, etc.)	Total
Greater St. Louis (Reg. #1)	5	15	1	2	2	25
St. Louis County (Reg. #2)	5	16	2	0	6	29
Northwest (Reg. #4)	0	1	1	0	0	2
SEMO (Reg. #7, 21, 23)	1	4	2	0	6	13
Kirksville (Reg. #8)	1	1	0	0	0	2
Kansas City (Reg. #9)	2	5	3	3	0	13
Sedalia (Reg. #10)	5	9	4	0	2	20
Columbia (Reg. #11)	1	30	1	1	8	41
Southwest (Reg. #12, 14, 15)	0	7	2	0	0	9
Springfield (Reg. #13)	1	14	3	0	1	19
Jeff City (Reg. #16)	0	7	2	1	0	10
Camdenton/Rolla (Reg. #17)	0	0	3	1	0	4
S Cen MO/W Plains (Reg. #18, 22)	0	6	11	8	0	25
Union (Reg. #19)	2	3	2	0	0	7
N Central MO (Reg. #24)	0	2	0	0	0	2
Shelby (Reg. #25)	0	1	1	0	0	2
Montgomery City (Reg. #26)	1	0	1	1	0	3
Cumulative Total	24	121	39	17	25	226
Percent	10.6%	53.5%	17.3%	7.5%	11.1%	

The Division is in the process of verifying that reported data is accurate, primarily through the Consultants but also when conducting monitoring reviews, however preliminary data show that approximately half of the delays are due to parent or child reasons which is the only acceptable reason of all the above. This monthly process is also resulting in additional data clean-up at the SPOE level. The First Steps consultants are working closely with SPOEs on accurately reporting these data, as well as assisting SPOEs with implementing processes which will eliminate exceeding 45 day timelines.

#### Child Complaints

There were three child complaints with allegations regarding timelines for referral and evaluations. All were found out of compliance for exceeding the 45 day timelines. All three were in the old St. Louis SPOE which has since been awarded to a new contractor.

#### **Future Plans for Data Collection**

- webSPOE system will collect 45 day reasons, expected to be implemented Summer 2005
- Informal issue database, expected to be implemented March 2005
- Service Coordinator and Provider surveys and monitoring regarding timely reports from providers, expected to be implemented in Spring 2005

#### **2. Targets (for reporting period July 1, 2003 through June 30, 2004):**

- The timely evaluation and assessment of child and family needs lead to identification of all child needs, and the family needs related to enhancing the development of the child.

#### **3. Explanation of Progress or Slippage (for reporting period July 1, 2003 through June 30, 2004):**

From October 31, 2004 response to OSEP

- *45 Day Timelines*

*DSE is monitoring the data regarding the 45 day timelines through the monthly SPOE reports. Current statewide and SPOE data reports reflect data that includes acceptable reasons for exceeding timelines. The current data system does not articulate the reasons for timeline delays therefore; disaggregation at a state level for the number of IFSPs that are out of compliance for unacceptable reasons cannot be identified at this time. This data will be available in the revised web based system that will be implemented in the spring of 2005. At that time, the state will be able to produce disaggregated reports which will include acceptable reasons for delays over 45 days and have a clearer picture of non-compliance with the 45 day timeline.*

*As a part of the Phase II monitoring, a detailed report was prepared for any SPOE that had IFSPs in excess of 45 days. Phase II SPOEs were required to submit the reasons for exceeding the 45 day timeline for each child included on the report. That data is will be compiled during November and December 2004.*

*The previous St. Louis area SPOE (St. Louis City and St. Louis County) had a major problem with the 45 day timelines. Since it is no longer in operation, the DSE has provided direct technical assistance by phone and on-site to assist the two (2) new SPOEs. Part of the 45 day timeline problem in the previous SPOE was data entry. In some cases, IFSPs had been developed, but not entered into the system. In other cases, children were not eligible and those terminations were never entered into the system. Both of which created an inflated number of referrals going beyond the 45 day timeline.*

*After July 1, the DSE has provided both the St. Louis County SPOE and the Greater St. Louis SPOE (St. Charles County and St. Louis City) clerical assistance for data entry. Until the data system is updated, state level reports will continue to include inflated numbers. Significant progress in reducing the number of IFSPs exceeding the 45 day timeline is being made.*

Eliminating referrals that exceed timelines due to SPOE, system or provider issues is a priority for the Division. Current activities regarding referrals exceeding 45 day timelines include the following:

- Monthly reviews of data regarding referrals exceeding the 45 day timeline
- Collection of reasons for exceeding timelines used for SPOE and provider monitoring
- Consultant deployment to certain SPOEs who are exceeding timelines
- Focus of the on-site monitoring in February/March and June/July 2005
- Corrective action requirements for any SPOEs found out of compliance
- Corrective action monitoring

- Changes to contracts that focus on timely evaluation and assessment

The new Phase 1 SPOE contract calls for the use of a peer review evaluation process. This process utilizes an evaluation team to handle eligibility determination and initial IFSP development. Having these teams available is assisting with the reduction of referrals exceeding timelines.

#### 4. Projected Targets:

- At least 90% of families will agree/strongly agree with survey questions regarding service coordination
- No referrals will exceed 45 day timelines for reasons other than parent/child delays
- Additional projected targets are in the Future Activities tables

#### 5 & 6. Future Activities to Achieve Projected Targets/Results and Projected Timelines and Resources:

See also GS.I and CE.I

Cluster/ Probe	Future Activities to Achieve Projected Targets (5)	Projected Targets/ Evidence of Change (4)	Projected Timelines (6)	Resources (6)
CE.II GS.I GS.II	Review data reports regarding 45 day timelines	SPOEs exceeding 45 day timelines are identified and actions are taken to facilitate correction	Ongoing	Comp, EP, Data, Consultants
CE.II	Establish peer review process for IFSP development	Reduction in referrals exceeding timelines due to provider unavailability or delays	Ongoing	SPOEs

**CE.III IFSPs include all the services necessary to meet the identified needs of the child and family. All the services identified on IFSPs are provided.**

**1. Baseline/Trend Data and Analysis (for reporting period July 1, 2003 through June 30, 2004):**

**From April 2004 First Steps Family Survey**

Q10: In creating our IFSP, I am asked about areas where our family felt things are fine and where we felt we need help.

	#	%	
Strongly Agree	749	55.07%	98.75%
Agree	594	43.68%	
Disagree	12	0.88%	1.25%
Strongly Disagree	5	0.37%	
Total	1360		

Q14: We receive all the services listed in our IFSP.

	#	%	
Strongly Agree	677	51.68%	96.11%
Agree	582	44.43%	
Disagree	43	3.28%	3.89%
Strongly Disagree	8	0.61%	
Total	1310		

Q17: I receive information and explanations about the services my child needs and believe the services my child and family receive are appropriate.

	#	%	
Strongly Agree	708	51.34%	95.65%
Agree	611	44.31%	
Disagree	52	3.77%	4.35%
Strongly Disagree	8	0.58%	
Total	1379		

Parent survey data show a high level of agreement that family needs are being identified and that services are being provided.

**Child Complaints**

Three child complaint allegations were found out of compliance regarding provision of services. The corrective actions have been completed as ordered by DESE.

**Future Plans for Data Collection**

- IFSP Quality Indicators look for linkages between the family's concerns/priorities and outcomes/services
- webSPOE system will collect authorization and billing information, expanded "No Provider Available" (NPA) information
- Informal issues data collection scheduled to be implemented Spring 2005
- No Provider Available data collection for services identified where there is no provider – preliminary data available Spring 2005

**2. Targets (for reporting period July 1, 2003 through June 30, 2004):**

- Add "No Provider Available" options in SPOE software so extent of provider shortages can be determined and recruitment efforts targeted
- Develop and implement Family Survey

**3. Explanation of Progress or Slippage (for reporting period July 1, 2003 through June 30, 2004):**

Due to delay in completion of the new webSPOE data system, the "No Provider Available" (NPA) option was not available, until a change was made to the current system to allow entry of NPA authorizations. Data collection on NPA began in 2004-05. Guidance has been distributed in regards to when and how to use the NPA authorizations and what is required of service coordinators in the event that no providers are available. Requirements include continuing to look for providers and offering compensatory services when a provider is located. Consultants are also working on provider recruitment in areas where preliminary NPA data is being reported.

A summary of provider recruitment activities can be found in GS.IV.

The primary methods of data collection will be family surveys and the IFSP Quality Indicators Rating Scale. Family survey data is already available and is showing high levels of agreement that appropriate services are identified and provided. Data from the Quality Indicators will become available during 2005-06 and will be incorporated into general supervision efforts.

**4. Projected Targets:**

- At least 90% of survey responses indicate that appropriate services are identified and provided
- NPA baseline is established and data show a decrease in services not provided due to lack of providers

**5 & 6. Future Activities to Achieve Projected Targets/Results and Projected Timelines and Resources:**

See GS.IV and CE.I

**CE.IV If children are not receiving services primarily in natural environments, these children have IFSPs that justify why services are not provided in natural environments.**

**1. Baseline/Trend Data and Analysis (for reporting period July 1, 2003 through June 30, 2004):**

**Primary Setting for Children under 3 years of age with active IFSPs (as of 12/1/2003 child count)**

Primary Setting	12/1/2003								Total Child Count, 12/1/2002		
	0-1 Years	%	1-2 Years	%	2-3 Years	%	Total Child Count, 12/1/2003	%			
Program Designed for Children with Developmental Delay or Disabilities	12	2.58%	33	3.09%	79	4.18%	124	3.62%	182	6.19%	-2.56%
Program Designed for Typically Developing Children	20	4.30%	65	6.09%	144	7.62%	229	6.69%	228	7.75%	-1.06%
Home	430	92.47%	962	90.16%	1,650	87.26%	3,042	88.87%	2,276	77.36%	+11.51%
Hospital (Inpatient)	3	0.65%	1	0.09%	2	0.11%	6	0.18%	1	0.03%	+0.14%
Service Provider Location	0	0.00%	2	0.19%	8	0.42%	10	0.29%	1	0.03%	+0.26%
Other Setting *	0	0.00%	4	0.37%	8	0.42%	12	0.35%	254	8.63%	-8.28%
Total	465		1,067		1,891		3,423		2,942		

**Primary Setting by Race for Children under 3 years of age with active IFSPs (as of 12/1/2003 child count)**

Primary Setting	12/1/2003											
	Asian/ Pacific Islander	%	Black (not His.)	%	Hispanic	%	White (not His.)	%	Amer. Indian/ Alaska Native	%	Total Child Count	%
Program Designed for Children with Developmental Delay or Disabilities	2	2.86%	13	3.10%	6	5.83%	103	3.65%	0	0.00%	124	3.62%
Program Designed for Typically Developing Children	5	7.14%	36	8.59%	6	5.83%	182	6.44%	0	0.00%	229	6.69%
Home	63	90.00%	367	87.59%	89	86.41%	2,516	89.09%	7	100.00%	3,042	88.87%
Hospital (Inpatient)	0	0.00%	0	0.00%	0	0.00%	6	0.21%	0	0.00%	6	0.18%
Service Provider Location	0	0.00%	0	0.00%	1	0.97%	9	0.32%	0	0.00%	10	0.29%
Other Setting *	0	0.00%	3	0.72%	1	0.97%	8	0.28%	0	0.00%	12	0.35%
Total	70		419		103		2,824		7		3,423	

\* Other Setting data for the 12/1/2002 child count was inflated by unknown primary settings due to conversion from the old system to the new or because information on the services received was not available. The primary setting of the IFSP is now a required data element.

### **Monitoring Data**

Justification for services provided outside of the natural environment has been monitored in conjunction with SPOE visits. This is not an area where problems have been found, except for some isolated situations. For example, one SPOE had noncompliance with services in a setting designed for children with disabilities and not showing appropriate justification. This area of noncompliance is being dealt with through corrective actions.

### **Child Complaints**

There were no child complaints in this area in 2003-04

### **Future Plans for Data Collection**

- IFSP Quality Indicators includes a section on justification of non-natural environments
- webSPOE system will require the entry of a natural environments justification for any service authorized in a non-natural environment. Scheduled to be implemented Summer 2005
- Data from service coordinator and provider monitoring

### **2. Targets (for reporting period July 1, 2003 through June 30, 2004):**

- Maintain high percentage of children served in natural environments.

### **3. Explanation of Progress or Slippage (for reporting period July 1, 2003 through June 30, 2004):**

In new webSPOE software, justification will be required if a non-natural setting is selected for any service. In addition, the software will provide data on the number of "No Provider Available" services that were due to providers not willing to travel to the natural environment. Due to a delay in the completion and implementation of the new software, this data is not yet available.

Monitoring for justification of non-natural environments will occur along with all other monitoring of SPOEs and service coordinators.

### **4. Projected Targets:**

- Maintain high percentage of children served in natural environments
- Continue monitoring for natural environments justification
- IFSP Quality Indicators data will show use of best practices in regards to natural environments
- Additional projected targets are in the Future Activities tables



**5 & 6. Future Activities to Achieve Projected Targets/Results and Projected Timelines and Resources:**

See also CE.I

<b>New Cluster/ Probe</b>	<b>Future Activities to Achieve Projected Targets (5)</b>	<b>Projected Targets/ Evidence of Change (4)</b>	<b>Projected Timelines (6)</b>	<b>Resources (6)</b>
CE.IV	Determine need for and develop the natural environments module	Module developed if determined necessary	2005-06	EP, Comp
CE.IV GS.IV	Explore incentives for providers to go into natural environments including discussions with Medicaid on reimbursement issues	Appropriate service delivery in natural environments	Ongoing	Comp
CE.IV	Develop IFSP Quality Indicators and include indicators for natural environment justification	Appropriate service delivery in natural environments	Ongoing	EP
CE.IV GS.IV	Include reasons for NPA in new webSPOE	Appropriate service delivery in natural environments	Ongoing	Data

**CE.V Children participating in the Part C program demonstrate improved and sustained functional abilities in the areas of cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development.**

**1. Baseline/Trend Data and Analysis (for reporting period July 1, 2003 through June 30, 2004):**

**Inactivation reasons**

Missouri has very restrictive eligibility criteria for First Steps. Due to this a large percentage of children in the First Steps program are expected to continue to need special education services under Part B. Data show that for children under three years who had an IFSP, the number in the exit category "Completion of IFSP" grew from 38 in 2002-03 to 129 in 2003-04.

**From April 2004 First Steps Family Survey**

Q19: The early intervention services in my family's Individualized Family Services Plan (IFSP) have a significant impact in my child's development.

	#	%	
Strongly Agree	760	57.79%	97.41%
Agree	521	39.62%	
Disagree	32	2.43%	2.59%
Strongly Disagree	2	0.15%	
Total	1315		

Q20: The information and help my family receive through First Steps has made our family better off.

	#	%	
Strongly Agree	784	59.08%	97.44%
Agree	509	38.36%	
Disagree	28	2.11%	2.56%
Strongly Disagree	6	0.45%	
Total	1327		

Q21: The ability of our family to work and play together as a family is pretty normal even though we have a child with special needs.

	#	%	
Strongly Agree	805	61.83%	97.16%
Agree	460	35.33%	
Disagree	31	2.38%	2.84%
Strongly Disagree	6	0.46%	
Total	1302		

**From Monthly First Steps Family Exit Survey (initiated in August 2004)**

Q16: The early intervention services in my family's Individualized Family Services Plan (IFSP) had a significant impact on my child's development.

	#	%	
Strongly Agree	146	54.28%	94.06%
Agree	107	39.78%	
Disagree	13	4.83%	5.95%
Strongly Disagree	3	1.12%	
Total	269		

Q19: First Steps has enhanced/increased my child's participation in family and community activities.

	#	%	
Strongly Agree	110	44.90%	90.21%
Agree	111	45.31%	
Disagree	18	7.35%	9.80%
Strongly Disagree	6	2.45%	
Total	245		

Family survey questions regarding improved functional abilities are overwhelmingly positive.

**Child Complaints**

There were no child complaints in this area in 2003-04.

**Future Plans for Data Collection**

- IFSP Quality Indicators include a section on evaluation of outcomes
- webSPOE system will provide data on evaluation of outcomes
- Part B student locator system and ECSE School Entry Profile exit data. Preliminary data will be available Summer 2005. It will take several years for the student ID system to be implemented for children in First Steps in order to follow them through ECSE.

**2. Targets (for reporting period July 1, 2003 through June 30, 2004):**

- The positive reasons for exiting First Steps will increase and the negative reasons will decrease.

**3. Explanation of Progress or Slippage (for reporting period July 1, 2003 through June 30, 2004):**

Missouri is now in the process of collecting outcome related data.

- Family surveys are providing data regarding the impact of First Steps services and responses are very positive.
- In the spring of 2005, the School Entry Profile will be used to assess every child exiting Early Childhood Special Education (ECSE). The data will indicate whether the child was involved with First Steps prior to ECSE. Data can then be disaggregated and outcomes measured in terms of parity with nondisabled peers. Targets will be established when baseline data is available.
- Data from the evaluation of outcomes during IFSP reviews will be available from the webSPOE system. Again, targets will be established when baseline data is available, but improved outcomes will most likely be implied by positive evaluations of outcomes.

**4. Projected Targets:**

- Increase percentage of children exiting First Steps with an exit reason of Completion of the IFSP or Ineligible for Part B
- Evaluation of outcome data will show that the majority of children are attaining the goals established by the IFSP
- Initial School Entry Profile data will be collected, analyzed and targets established
- Additional projected targets are in the Future Activities tables.

**5 & 6. Future Activities to Achieve Projected Targets/Results and Projected Timelines and Resources:**

<b>New Cluster/ Probe</b>	<b>Future Activities to Achieve Projected Targets (5)</b>	<b>Projected Targets/ Evidence of Change (4)</b>	<b>Projected Timelines (6)</b>	<b>Resources (6)</b>
CE.V	Finalize and implement webSPOE	Data available on evaluation of IFSP outcomes	2005-06	DSE Staff
CE.V	Implement universal assessment of children exiting early childhood special education	Increasing parity with nondisabled peers	2004-05	EP